

Name of Candidate: Last Name, First Name, Middle Initial Mr. (✓) Mrs. ( ) Ms. ( )

C A M P B E L L , R . M I C H A E L

The following information is required for administrative purposes, only for positive identification of the filer, and will not be released to the public.

Social Security Number:

R E D A C T E D

## LOCATION OF CAMPAIGN ACCOUNTS

A. Savings Account #

R E D A C T E D

Name of Banking Institute:

REDACTED

Address:

REDACTED

B. Checking Account #

R E D A C T E D

Name of Banking Institute:

REDACTED

Address:

REDACTED

## NOTE:

PLEASE COMPLETE THIS ENTIRE REPORT IN BLUE OR BLACK INK OR TYPE

**DO NOT USE PENCIL****KEEP A COPY FOR YOUR RECORDS****\$100 PER DAY PENALTY IF FILED LATE****April '07 Report****1/1/07 – 3/31/07**

**STATE ETHICS COMMISSION  
CANDIDATE CAMPAIGN DISCLOSURE FORM**

1. Type of Report: ☐ Initial ☐ Pre-Election ☐ Final Quarterly Update: ☒ Apr 10 ☐ Jul 10 ☐ Oct 10 ☐ Jan 10

2. Name of Candidate: Last Name, First Name, Middle Initial Mr. (✓) Mrs. ( ) Ms. ( )

C A M P B E L L ,															R .					M I C H A E L																																							
3. Mailing Address:															P O															B O X															1 1 2 1 1														
City:															C O L U M B I A															State:															S C														
Zip:															2 9 2 1 1															Phone:															8 0 3 - 2 3 1 - 2 0 0 6														
4. Position Sought: (House/Senate-Dist.#)															L T															G O V E R N O R																													
5. Date of Election: (mo/day/year)															6 / 1 3 / 0 6																																												
6. County of Residence:															R I C H L A N D																																												
7. Agency:															L T															G O V E R N O R ' S															O F F I C E														

8. Type of Election: ☐ Primary ☒ Runoff ☐ General ☐ Special ☐ Convention/Caucus

9. If filing fee was paid from personal funds and will be the only expense, enter amount of filing fee \$ \_\_\_\_\_. Stop here – sign, date, and mail this page and page 1 only at least fifteen (15) days before the election. If you receive any funds or make any other expenditures, you must open a separate account.

10. CONTRIBUTIONS (Check if none _____)	Unitemized (\$100.00 or less)	Itemized (over \$100.00)	TOTAL	
			This Period	Election Cycle
A. Candidates: Personal Funds	\$ 0.00	\$ 0.00	\$ 0.00	\$ 784,000.00
B. Individual Contributions or other	(+) \$ 0.00	(+) \$ 201.05	(+) \$ 201.05	(+) \$ 644,776.04
C. In-Kind Contributions	(+) \$ 0.00	(+) \$ 0.00	(+) \$ 0.00	(+) \$ 80,349.25
D. Total Contributions	(=) \$ 0.00	(=) \$ 201.05	(=) \$ 201.05	(=) \$ 1,509,125.29

  

11. EXPENDITURES	Total (This Period)	Total (Election Cycle)	12. BALANCE OF CONTRIBUTIONS	
A. In-Kind Expenditures (Must equal 10C)	\$ 0.00	\$ 80,349.25	A. Contrib. On Hand (Beginning of This Period)	\$ 2,528.89
B. Expenditures	(+) \$ 109.30	(+) \$ 1,426,155.40	B. Total Contributions (This Period) (10.D)	(+) \$ 201.05
C. Total Expenditures	(=) \$ 109.30	(=) \$ 1,506,504.65	C. Total Expenditures (This Period) (11.C)	(-) \$ 109.30
			D. Contrib. On Hand (Period End)	(=) \$ 2,620.64

**13. LOANS**

Amounts Owed by the Candidate \$ 287,913.14 (Must be Itemized in Section C)

**CERTIFICATION:** I certify that the contents of this statement are true, correct, and complete to the best of my knowledge and belief. I understand that if this statement is not received within five (5) days of the deadline, a late filing penalty of \$100.00 per day WILL be levied.

Date: 8/1/2011 Signature: J. Todd Kincannon If other than the candidate, print name below

Print: J. TODD KINCANNON

**FOR OFFICE USE ONLY:**

☐ Complete ☐ Incomplete

☐ Entered ☐ Scanned

**FAXED COPIES WILL NOT BE ACCEPTED**

The original must be received no later than 5:00 p.m. on the date of the established deadline.

**NOTE: PLEASE PROVIDE ONE ORIGINAL AND ONE COPY OF THIS FORM TO THE APPROPRIATE SUPERVISORY OFFICE, AND KEEP A COPY FOR YOURSELF.**

## E4A.3

Name: R. MICHAEL CAMPBELL FOR LT. GOVERNOR

## A. ITEMIZED CONTRIBUTIONS

DATE	FULL NAME, FULL ADDRESS, AND OCCUPATION OF INDIVIDUAL CONTRIBUTOR(S) OR FULL NAME AND FULL ADDRESS OF GROUP MAKING CONTRIBUTION		CONTRIBUTIONS THIS PERIOD	CONTRIBUTIONS TO DATE
1/31/07	Name:	Wachovia (Interest)	\$ 1.29	\$ 221.58
	Address:	705 Saluda Ave., Columbia, SC 29205		
	Occupation:	Bank		
2/27/07	Name:	Private P.O. (Refund)	\$ 197.00	\$ 197.00
	Address:	709 Woodrow St., Columbia, SC 29205		
	Occupation:	Shipping		
2/28/07	Name:	Wachovia (Interest)	\$ 1.38	\$ 222.96
	Address:	705 Saluda Ave., Columbia, SC 29205		
	Occupation:	Bank		
3/30/07	Name:	Wachovia (Interest)	\$ 1.38	\$ 224.34
	Address:	705 Saluda Ave., Columbia, SC 29205		
	Occupation:	Bank		
	Name:		\$	\$
	Address:			
	Occupation:			
	Name:		\$	\$
	Address:			
	Occupation:			
	Name:		\$	\$
	Address:			
	Occupation:			
	Name:		\$	\$
	Address:			
	Occupation:			
	Name:		\$	\$
	Address:			
	Occupation:			
	Name:		\$	\$
	Address:			
	Occupation:			
	Name:		\$	\$
	Address:			
	Occupation:			
	Name:		\$	\$
	Address:			
	Occupation:			

PAGE SUBTOTAL \$ 201.05

ALL CONTRIBUTIONS LISTED -- TOTAL (Equals Number 10.D Period Total) \$ 201.05

E4A.4

Name: R. MICHAEL CAMPBELL FOR LT. GOVERNOR

## B. ITEMIZED EXPENDITURES

DATE	FULL NAME AND FULL ADDRESS OF VENDOR OR CANDIDATE TO WHOM EXPENDITURE WAS MADE		DESCRIPTION OF EXPENDITURE	AMOUNT THIS PERIOD
1/2/07	Name:	Nova Info System	Merchant Fee	\$ 45.00
	Address:	7300 Chapman Hwy., Knoxville, TN 37920		
1/10/07	Name:	Wachovia	Commercial Service Charges	\$ 10.00
	Address:	705 Saluda Ave., Columbia, SC 29205		
1/10/07	Name:	Wachovia	Commercial Service Charges	\$ 15.50
	Address:	705 Saluda Ave., Columbia, SC 29205		
1/11/07	Name:	Paypal	Paypal Fee	\$ 14.80
	Address:	2212 North First St., San Jose, CA 95131		
2/9/07	Name:	Wachovia	Commercial Service Charges	\$ 12.00
	Address:	705 Saluda Ave., Columbia, SC 29205		
3/9/07	Name:	Wachovia	Commercial Service Charges	\$ 12.00
	Address:	705 Saluda Ave., Columbia, SC 29205		
	Name:			\$
	Address:			
	Name:			\$
	Address:			
	Name:			\$
	Address:			
	Name:			\$
	Address:			
	Name:			\$
	Address:			
	Name:			\$
	Address:			
	Name:			\$
	Address:			
	Name:			\$
	Address:			
	Name:			\$
	Address:			
	Name:			\$
	Address:			
	Name:			\$
	Address:			

PAGE SUBTOTAL \$ 109.30

TOTAL (Must equal amount reported in Number 11.C This Period) \$ 109.30

E4A.5

Name: R. MICHAEL CAMPBELL FOR LT. GOVERNOR

## C. (1) LOANS RECEIVED

DATE	FULL NAME AND FULL ADDRESS OF INDIVIDUAL OR FULL NAME AND FULL ADDRESS OF GROUP MAKING LOANS		PURPOSE	TERMS	INITIAL AMOUNT OF LOAN
	Name:	None			\$
	Address:				
	Purpose:				
	Terms:				
	Name:				\$
	Address:				
	Purpose:				
	Terms:				

TOTAL LOANS RECEIVED \_\_\_\_\_

## (2) LOAN REPAYMENTS

DATE OF PAYMENT	FULL NAME AND FULL ADDRESS OF INDIVIDUAL OR GROUP TO WHOM REPAYMENT WAS MADE		PAYMENTS		EXISTING BALANCE
			This Period	Year-to-Date	
Period End	Name:	Mr. Mike Campbell	\$ None	\$ 0.00	\$ 182,501.74
	Address:	P.O. Box 11211, Columbia, SC 29211			
Period End	Name:	Mr. Mike Campbell	\$ None	\$ 0.00	\$ 105,411.40
	Address:	P.O. Box 11211, Columbia, SC 29211			
	Name:		\$	\$	\$
	Address:				
	Name:		\$	\$	\$
	Address:				
	Name:		\$	\$	\$
	Address:				
	Name:		\$	\$	\$
	Address:				
	Name:		\$	\$	\$
	Address:				

TOTAL (Must equal amount reported in Number 13 Loans) \$ 287,913.14

## D. FINAL DISPOSITION OF PROPERTY OWNED BY CAMPAIGN WORTH \$100.00 OR MORE

Asset: \_\_\_\_\_ Disposition: \_\_\_\_\_

Asset: \_\_\_\_\_ Disposition: \_\_\_\_\_

Asset: \_\_\_\_\_ Disposition: \_\_\_\_\_

Asset: \_\_\_\_\_ Disposition: \_\_\_\_\_